OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA FPMR (41 CFR) 101-11.6

UNITED STATES GOVERNMENT

Memorandum

TO : SAC, CHICAGO (92-350-Sub 24) DATE: 12/18/72

FROM : SUPERVISOR VINCENT L. INSERRA

SUBJECT: RACKETEER PROFILE PROGRAM
CHICAGO DIVISION

In connection with captioned matter, the following Chicago hoodlums are being designated for inclusion in this program:

Subject	CG File No.	Agent Assigned
ACCARDO, ANTHONY JOSEPH	92-344	[redacted]
AIUPPA, JOSEPH	92-677	
ALBANO, EUGENE	92-2506	MARTIN
ALEX, GUS	92-373	ROEMER
AMATO, JOSEPH	92-2282	CURTIN
ARIOLA, SAM	92-2781	FORD, F.
ARNOLD, JOSEPH	92-1339	[redacted]
BACINO, PHIL	92-1947	SMITH
[redacted]	92-2374	BONNER
	92-2231	LONG
BATTAGLIA, JOSEPH	92-2325	BONNER
[redacted]	92-2249	[redacted]
BLASI, DOMINIC, aka "Butch"	92-1322	ROEMER
BRANCATO, DOMINICK	92-946	KEMPFF
BRIATTA, LOUIS	92-1372	MOHR
BUCCIERI, FIORE	92-1160	JOHNSON
BUCCIERI, FRANK	92-1998	JOHNSON
BUONAGUIDI, LAWRENCE	92-2011	[redacted]

b6
b7C

Agents to whom these cases are assigned are requested to promptly execute the appropriate Racketeer Profile Forms which will be transmitted to the Bureau by SA ROBERT L. MALONE, coordinator of this program.

1 - C-1 Tickler
1 - C-10 Tickler
1 - SA MALONE Tickler
1 - Each Case Listed Above

VLI/vel
(22)

92-1322 Sub A-1

SEARCHED INDEXED
SERIALIZED FILED
DEC 18 1972
FBI — CHICAGO

Roemer

Open 92-1322 sub
file
VLI

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

92-1333 Sub 1-2

SEARCHED INDEXED
SERIALIZED FILED
JAN 8 1973
FBI—CHICAGO

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

AGENT AND SUBJECT IDENTIFICATION *DATE*

DATE

NAME OF PERSON SUBMITTING INFORMATION
/SUB: ROEMER, WILLIAM F JR

DATE
/YR: 72 /MO: 12 /DY: 21

AGENCY
/AGN: FBI

FIELD OFFICE
/FLD: E

OFFICE PHONE NUMBER
/PHN: 312 431 1333

NEW OR ~~MOD~~

NEW *MOD*

VERIFICATION
/VER: V

SUBJECT'S IDENTIFIER
/IDEN: 63E

NAME OF SUBJECT
/NAME: BLASI, DOMINIC JOSEPH

SEX (M or F)
/SEX: M

MARITAL STATUS (R)
/STAT: M

MAIDEN NAME OF SUBJECT
/MDN:

ALIASES

ALIAS

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA: BLASE, DOMINIC

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

NICKNAMES

NKNM

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK: BUTCH

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

INVESTIGATION *CINV* *ADD*CINV* *CHG *CINV*

CINV

DATE INVESTIGATION BEGAN
/FYR: 63 /FMO: 06 /FDY: 01

DATE INVESTIGATION CLOSED
/TYR: 00 /TMO: 00 /TDY: 00

TYPE OF INVESTIGATION
/TINV:

AGENCY INVESTIGATING
/AGYI:

ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG *INFO*

INFO

NAME OF PERSON IN AGENCY TO CONTACT
/NAME:

TITLE OF ABOVE INDIVIDUAL
/TITLE:

DIVISION EMPLOYED BY
/DIV:

AGENCY NAME
/AG:

CITY WHERE AGENCY IS LOCATED
/CITY:

STATE (R) /ST:
ZIP CODE /ZIP:
LEVEL OF GOVERNMENT (R) /LVL:

INFO *ADD*INFO* *CHG *INFO*

NAME OF PERSON IN AGENCY TO CONTACT
/NAME:

TITLE OF ABOVE INDIVIDUAL
/TITLE:

DIVISION EMPLOYED BY
/DIV:

AGENCY NAME
/AG:

CITY WHERE AGENCY IS LOCATED
/CITY:

STATE (R) /ST:
ZIP CODE /ZIP:
LEVEL OF GOVERNMENT (R) /LVL:

FORM CM-75 (Ed. 5-72)

NOTE: The information contained herein is for official use only. Neither this document nor its contents will be disseminated without prior consent from the Organized Crime and Racketeering Section and the contributing agency.

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

SUBJECT'S IDENTIFYING NUMBERS *ID* *ADD*ID* *CHG *ID*

ID

VERIFICATION /VER: V — FBI NUMBER /FBI: 635770

ORG. CRIME & RACKET. # /OCR: — SOCIAL SECURITY NUMBER /SSN:

CRIMINAL IDENTIFICATION NUMBER /PD: C70532

NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER /AGENCY: CH10AC0BD

STATE (R) /ST: IL — ZIP CODE /ZIP: 60605

ID *ADD*ID* *CHG *ID*

VERIFICATION /VER: — CRIMINAL IDENTIFICATION NUMBER /PD:

NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER /AGENCY:

STATE (R) /ST: — ZIP CODE /ZIP:

ID *ADD*ID* *CHG *ID*

VERIFICATION /VER: — FBI NUMBER /FBI:

ORG. CRIME & RACKET. # /OCR: — SOCIAL SECURITY NUMBER /SSN:

CRIMINAL IDENTIFICATION NUMBER /PD:

NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER /AGENCY:

STATE (R) /ST: — ZIP CODE /ZIP:

ID *ADD*ID* *CHG *ID*

VERIFICATION /VER: — CRIMINAL IDENTIFICATION NUMBER /PD:

NAME OF AGENCY WHICH ASSIGNED ABOVE NUMBER /AGENCY:

STATE (R) /ST: — ZIP CODE /ZIP:

LICENSE OR MISCELLANEOUS NUMBERS *NBRS* *ADD*NBRS* *CHG *NBRS*

NBRS

VERIFICATION /VER: — DATE OF ISSUE /FYR: /FMO: /FDY: — DATE OF EXPIRATION /TYR: /TMO: /TDY:

TYPE OF NUMBER OR LICENSE /TNBR:

NUMBER /NBR:

ISSUING AGENCY /AGY: — ISSUING STATE (R) /ST:

NBRS *ADD*NBRS* *CHG *NBRS*

VERIFICATION /VER: — DATE OF ISSUE /FYR: /FMO: /FDY: — DATE OF EXPIRATION /TYR: /TMO: /TDY:

TYPE OF NUMBER OR LICENSE /TNBR:

NUMBER /NBR:

ISSUING AGENCY /AGY: — ISSUING STATE (R) /ST:

NBRS *ADD*NBRS* *CHG *NBRS*

VERIFICATION /VER: — DATE OF ISSUE /FYR: /FMO: /FDY: — DATE OF EXPIRATION /TYR: /TMO: /TDY:

TYPE OF NUMBER OR LICENSE /TNBR:

NUMBER /NBR:

ISSUING AGENCY /AGY: — ISSUING STATE (R) /ST:

FORM CM-76 (Rev. 10-72)

NOTE: The information contained herein is for official use only. Neither this document nor its contents will be disseminated without prior consent from the Organized Crime and Racketeering Section and the contributing agency.

92-1322 Sub 1-3

SEARCHED ____ INDEXED ____
SERIALIZED CAB FILED CAB
1973
FBI — CHICAGO

15 Legitimate Enterprise

TEDESCO PLUMBING CO.
4909 W. CHICAGO AVE.,
CHICAGO, ILL.

16 Illegal Activity

17 Nicknames and or Alias
01
02

18 Description

Race	Complexion	Build
01 White	01 Light	01 Small
02 Negro	02 Ruddy	02 Slight
03 Other	03 Dark	03 Slender
	04 Olive	04 Stocky
	05 Swarthy	05 Heavy
		06 Obese
		07 Gross
		08 Medium

Height	Weight
01 Up to 5' 1"	01 Up to 120
02 5' 2" - 5' 3"	02 121 - 130
03 5' 4" - 5' 5"	03 131 - 140
04 5' 6" - 5' 7"	04 141 - 150
05 5' 8" - 5' 9"	05 151 - 160
06 5' 10" - 5' 11"	06 161 - 170
07 5' 11" - 6'	07 171 - 185
08 6' 0" - 6' 1"	08 186 - 200
09 6' 1" and over	09 Over

19 Areas of Activity Other Than Origin Office
(Use the initials of office)

01 MEXICO
02
03
04

20 Places Frequented

Remarks:

FD-385 (10-12-66)
OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

5010-106

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI (Attn. Criminal Intelligence and Organized Crime Section)

DATE: 9-8-72

FROM : SAC, CHICAGO 92-1322

file copy

SUBJECT: CRIMINAL INTELLIGENCE PROGRAM

Instructions: *(1) On a new subject all categories must be completed. (2) When the status has changed on an old subject only those applicable categories should be completed. (3) Circle in pencil the number opposite the word or words which describes the subject or fill in the blank under each applicable heading. (4) No more than one item may be circled in each category except categories 11, 15, 16, 17, 19 and 20. (5) When none of the items in a category will suffice fill in the blank with the status known; if additional space is needed or if more information is known use the "Remarks" area.*

DOMINIC JOSEPH BLASI
Name of subject to which this form applies

FBI Number 635 770

Origin Office CHGO

Bureau File Number 92-6681

☐ New Subject ☒ Status Change

01 Year of Birth

(use last 2 digits) 11

02 Birth Place
01 U. S.
02 Italy
03 Sicily
04 Naples
05 Calabria
06 Abruzzi
09 _____

03 Birth Verification
(01) Birth record
02 Baptismal record
03 Delayed recording
04 INS record
05 Doctor certificate
06 Midwife certificate
07 Not verified
09 _____

04 Status
01 Active
02 Retired
03 Missing
04 Present fugitive
05 Deceased
06 Incarcerated
07 Unknown

05 La Cosa Nostra "Family"
_____
98 Unknown
99 Not a member

06 Rank
01 Boss
02 Underboss
03 Consiglieri
04 Capodecina
05 Former leader
06 Soldier
07 Proposed
08 Possible member
09 Unknown

07 Commission
01 Current member
02 Past member
03 Possible member
04 Associated with
05 Communicates with
06 Relative of member
07 No connection with

08 Best Source Number
Identity [redacted]

09 Type of Best Source
01 C*
[redacted]
03 PC
04 C
05 PCI

10 Relatives in La Cosa Nostra
01 Blood relation
02 Relation by marriage
03 Both
(04) Not related
05 Unknown

11 La Cosa Nostra "Family" of Relatives
_____
_____

12 Citizenship
01 U. S. born
02 Naturalized
03 Denaturalized
04 Resident status
05 Non-citizen
06 Awaiting deportation
07 Deported
09 _____

13 Organization Connection
(Use for non-La Cosa Nostra members only)
01 Yes
02 No
03 Unknown

b7D

14 Type of Gambler
01 Writer
02 Runner-collector
03 Controller
04 Office clerk
05 Banker
06 Layoff man
07 Casino operator
08 Casino employee
09 Dice game operator
10 Dice game employee
11 Cards
12 Wire Service operator
(13) Not applicable
14 _____

92-1322 Sub 1-4

SEARCHED INDEXED
SERIALIZED FILED
1973
FBI — CHICAGO

15 Legitimate Enterprise

OWNER - PARK AVENUE REALTY, CHICAGO; UNDERGROUND DEVELOPMENT CORP. (BOTH AT) 4901 W. CHICAGO AVE.

16 Illegal Activity

17 Nicknames and or Alias

01 "BUTCH" BLAST

02

18 Description

Race	Complexion	Build
01 White	01 Light	01 Small
02 Negro	02 Ruddy	02 Slight
03 Other	03 Dark	03 Slender
	04 Olive	04 Stocky
	05 Swarthy	05 Heavy
		06 Obese
		07 Gross
		08 Medium

Height	Weight
01 Up to 5' 1"	01 Up to 120
02 5' 2" - 5' 3"	02 121 - 130
03 5' 4" - 5' 5"	03 131 - 140
04 5' 6" - 5' 7"	04 141 - 150
05 5' 8" - 5' 9"	05 151 - 160
06 5' 10" - 5' 11"	06 161 - 170
07 5' 11" - 6'	07 171 - 185
08 6' 0" - 6' 1"	08 186 - 200
09 6' 1" and over	09 Over

19 Areas of Activity Other Than Origin Office (Use the initials of office)

01
02
03
04

20 Places Frequented

GIANOTTI'S LOUNGE, FOREST PARK, ILL.

Remarks:

FD-385 (10-12-66)
OPTIONAL FORM NO. 10
MAY 1962 EDITION
GSA GEN. REG. NO. 27

5010-106

UNITED STATES GOVERNMENT

Memorandum

TO : Director, FBI (Attn. Criminal Intelligence and Organized Crime Section)

DATE: 6/14/72

FROM : SAC, CHICAGO (92-1322)

SUBJECT: CRIMINAL INTELLIGENCE PROGRAM

Instructions: *(1) On a new subject all categories must be completed. (2) When the status has changed on an old subject only those applicable categories should be completed. (3) Circle in pencil the number opposite the word or words which describes the subject or fill in the blank under each applicable heading. (4) No more than one item may be circled in each category except categories 11, 15, 16, 17, 19 and 20. (5) When none of the items in a category will suffice fill in the blank with the status known; if additional space is needed or if more information is known use the "Remarks" area.*

DOMINIC JOSEPH BLASI
Name of subject to which this form applies

FBI Number: 635 770

Origin Office: CHICAGO

Bureau File Number: 92-6681

☒ New Subject ☐ Status Change

01 Year of Birth
(use last 2 digits) 11

02 Birth Place
01 U. S.
02 Italy
03 Sicily
04 Naples
05 Calabria
06 Abruzzi
09 _____

03 Birth Verification
01 Birth record
02 Baptismal record
03 Delayed recording
04 INS record
05 Doctor certificate
06 Midwife certificate
07 Not verified
09 _____

04 Status
01 Active
02 Retired
03 Missing
04 Present fugitive
05 Deceased
06 Incarcerated
07 Unknown

05 La Cosa Nostra "Family"
GIANCANA

98 Unknown
99 Not a member

06 Rank
01 Boss
02 Underboss
03 Consiglieri
04 Capodecina
05 Former leader
06 Soldier
07 Proposed
08 Possible member
09 Unknown

07 Commission
01 Current member
02 Past member
03 Possible member
04 Associated with
05 Communicates with
06 Relative of member
07 No connection with

08 Best Source Number
Ide[redacted]

09 Type of Best Source
01 C*
[redacted]
03 PC
04 C
05 PCI

10 Relatives in La Cosa Nostra
01 Blood relation
02 Relation by marriage
03 Both
04 Not related
05 Unknown

11 La Cosa Nostra "Family" of Relatives
_____
_____

12 Citizenship
01 U. S. born
02 Naturalized
03 Denaturalized
04 Resident status
05 Non-citizen
06 Awaiting deportation
07 Deported
09 _____

13 Organization Connection
(Use for non-La Cosa Nostra members only)
01 Yes
02 No
03 Unknown

b7D

14 Type of Gambler
01 Writer
02 Runner-collector
03 Controller
04 Office clerk
05 Banker
06 Layoff man
07 Casino operator
08 Casino employee
09 Dice game operator
10 Dice game employee
11 Cards
12 Wire Service operator
13 Not applicable
14 _____

Roemer

FORM CM-77

VITAL STATISTICS

Name: DOMINIC Blase
Date of Birth: 9-9-11
Place of Birth: City CHICAGO State ILL Zip Code
Citizenship: Country USA Verification? (Page 10)

Date of Death: ALIVE
Place of Death: City State Zip Code
Cause of Death:
Verification ? (Page 10)

Height: 5'6" Weight: 180
Hair Color: BROWN Eye Color: BROWN
Build: HEAVY Complexion: DARK
Race: WHITE Physical Mark, Scar, Etc:
Mental or Physical (A) Kind of mark
Health Problem: NONE (B) Position
Verification? (p.10) (C) Body part

(For above, see page 22)

Residence: Street Number 1138 PARK AVE City RIVER FOREST
State ILL Zip Code
Name of Apartment, Hotel or Prison:
Apartment or Room Number:
Dates of Residence: 1960 to date
Telephone Number (s) 312-FO 7-7944
Verification? (Page 10)

Education: UNK
Name of School:
Address: Street Number City
State Zip Code
Type of School: (p. 18)
Highest Grade Completed: (p. 18)
Major:
Attendance Dates:
Verification?(p. 10)

Military Record: NONE Highest Grade or Rank:
Dates in Service:
Branch of Service: (p. 22) Type of Separation:
Military Occupational Specialty:
Reserve Branch :
Highest Grade or Rank (Reserve):
Reserve Dates:
Verification?

Hobby: NONE
Kind of Hobby: 92-1322 Sub-1
Where Hobby Takes Place: City State Zip Code
Annual Cost:

92-1322 Sub 1

SEARCHED INDEXED
SERIALIZED FILED
MAY 16 1973
FBI—CHICAGO

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

VITAL STATISTICS ON SUBJECT *BIRTH* *ADD*BIRTH* *CHG *BIRTH*

BIRTH

VERIFICATION /VER:
CITY WHERE SUBJECT WAS BORN /CITY: CHICAGO
STATE (R) /ST: IL
ZIP CODE /ZIP: 60600
DATE OF BIRTH /FYR: 11 /FMO: 09 /FDY: 09
CITIZENSHIP (R) /CIT: US

DEATH

DEATH *ADD*DEATH* *CHG *DEATH*

VERIFICATION /VER:
CITY WHERE SUBJECT DIED /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:
DATE OF DEATH /TYR: /TMO: /TDY:
CAUSE OF DEATH /DEAD:

PHYSICAL DESCRIPTION *PHYS* *ADD*PHYS* *CHG *PHYS*

PHYS

VERIFICATION /VER:
MENTAL OR PHYSICAL HEALTH PROBLEM /HLTH:
HAIR COLOR (R) /HAIR: BROWN
HEIGHT /HT: 506
FINGERPRINT CLASSIFICATION (R) /FING:
EYE COLOR (R) /EYE: BROWN
PHYSICAL MARK, SCAR, ETC. (R) /MARK:
COMPLEXION (R) /CMPLX: DARK
WEIGHT /WT: 180
RACE (R) /RACE: CAUCASIAN
BUILD (R) /BLD: HEAVY

PHYS *ADD*PHYS* *CHG *PHYS*

VERIFICATION /VER:
PHYSICAL MARK, SCAR, ETC. (R) /MARK:
MENTAL OR PHYSICAL HEALTH PROBLEM /HLTH:

SUBJECT'S RESIDENCE/TELEPHONE *ADDR* *ADD*ADDR* *CHG *ADDR*

ADDR

APARTMENT, HOTEL, OR PRISON NAME /EST:
STREET NUMBER /STNBR: 1138
STREET NAME /STNM: PARK AV
VERIFICATION /VER:
CITY OF RESIDENCE /CITY: RIVER FOREST
STATE (R) /ST: IL
ZIP CODE /ZIP: 60305
DATES OF RESIDENCE /FYR: 60 /FMO: 00 /FDY: 00 /TYR: 00 /TMO: 00 /TDY: 00
APARTMENT OR ROOM NO. /APT:
TELEPHONE (1) /TEL1: 312F07944
TELEPHONE (2) /TEL2:

EDUCATION *ED* *ADD*ED* *CHG *ED*

ED

VERIFICATION /VER:
ATTENDANCE DATES /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
NAME OF SCHOOL /EST:
STREET NUMBER /STNBR:
STREET NAME /STNM:
CITY WHERE SCHOOL IS LOCATED /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:
TYPE OF SCHOOL (R) /SCH:
HIGHEST GRADE COMPLETED (R) /GRD:
MAJOR /MJR:

MILITARY RECORD *MIL* *ADD*MIL* *CHG *MIL*

MIL

VERIFICATION /VER:
DATES IN SERVICE /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
BRANCH OF SERVICE (R) /BRCH:
MILITARY OCCUPATIONAL SPECIALITY /MOS:
HIGHEST GRADE or RANK /RANK:
TYPE OF SEPARATION /SEP:
RESERVE BRANCH (R) /RSRV:
HIGHEST GRADE or RANK (Reserve) /RNK:
RESERVE DATES /NYR: /NMO: /NDY: /MYR: /MMO: /MDY:

HOBBY *HOBBY* *ADD*HOBBY* *CHG *HOBBY*

HOBBY

KIND OF HOBBY /HOB:
CITY WHERE HOBBY TAKES PLACE /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:
ANNUAL COST (Dollars) /COST:

FORM CM-77 (Ed. 5-72)

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

AGENT AND SUBJECT IDENTIFICATION *DATE*

DATE

NAME OF PERSON SUBMITTING INFORMATION
/SUB: ROEMER, WILLIAM F JR.

DATE			AGENCY	FIELD OFFICE
/YR: 73	/MO: 03	/DY: 21	/AGN: FBI	/FLD: F

OFFICE PHONE NUMBER
/PHN: 3 1 2 4 3 7 1 3 3 3

NEW OR (MOD)

NEW (*MOD*)

VERIFICATION	SUBJECT'S IDENTIFIER
/VER:	/IDEN: 63E

NAME OF SUBJECT
/NAME: BLASI, DOMINIC JOSEPH

SEX (M or F)	MARITAL STATUS (R)	MAIDEN NAME OF SUBJECT
/SEX:	/STAT:	/MDN:

ALIASES

ALIAS

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

NICKNAMES

NKNM

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

INVESTIGATION *CINV* *ADD*CINV* *CHG *CINV*

CINV

DATE INVESTIGATION BEGAN			DATE INVESTIGATION CLOSED		
/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:

TYPE OF INVESTIGATION	AGENCY INVESTIGATING
/TINV:	/AGYI:

ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG *INFO*

INFO

NAME OF PERSON IN AGENCY TO CONTACT
/NAME:

TITLE OF ABOVE INDIVIDUAL
/TITLE:

DIVISION EMPLOYED BY
/DIV:

AGENCY NAME
/AG:

CITY WHERE AGENCY IS LOCATED
/CITY:

STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)
/ST:	/ZIP:	/LVL:

INFO *ADD*INFO* *CHG *INFO*

NAME OF PERSON IN AGENCY TO CONTACT
/NAME:

TITLE OF ABOVE INDIVIDUAL
/TITLE:

DIVISION EMPLOYED BY
/DIV:

AGENCY NAME
/AG:

CITY WHERE AGENCY IS LOCATED
/CITY:

STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)
/ST:	/ZIP:	/LVL:

FORM CM-75 (Ed. 5-72)

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NAME: BLASI, DOMINIC

VEHICLES

Type of vehicle:
(see attached page)

Model year: 1970

Make of vehicle: Cadillac

Model of vehicle: Sedan DeVille

Vehicle color: Black
(see attached page)

Body style of vehicle: Sedan
(see attached page)

Serial number of vehicle:

Verification: O (see attached page)

License validity dates:

Name of person or company owning vehicle: Dominic Blasi

City, state and zip code where owner resides: Chicago, Ill. 60603

Title number:

License tag number and state: 1973 Ill. WJ691

Verification: _____ (see attached page)

Name of second person or company owning vehicle: None

Verification: _____ (see attached page)

NON-RESIDENCE PHONE

Dates of usage:

Phone number: 3 ~~[illegible]~~ 345-0285

Name of subscriber: Bena Beef Stand

Street address, city, state and zip code: Melrose Park, Ill.

Remarks about usage location, purpose, etc.:

Verification: O (see attached page)

92-1322

FORM CM-80

Palmer

Blank

RELATIVES
(SPOUSE ONLY)

Name of relative:

Maiden name of relative: CONSTANCE

Sex F Marital Status M

Relationship to subject: WIFE

Subrelation to subject:

Verification: I

City, state, and zip code where relative was born: Unk

Date of birth:

Country of citizenship:

Verification:

City, state, and zip code where relative died:

Date of death:

Cause of death:

Verification:

Dates of residence: 1950 to date

Name of apartment, hotel or prison:

Street address, city, state and zip code of residence: 1138 Park Ave, River Forest, Ill.

Apartment or room number:

Telephone number(s): 369-8231

Verification:

FORM CM-84

92-1322 Sub 1-66

SEARCHED ___ INDEXED ___
SERIALIZED ___ FILED ___
JUL 2 6 1973
FBI—CHICAGO

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

RELATIVE (RELAT) *ADD*RELAT* *CHG *RELAT*

RELAT

VERIFICATION /VER: 1

NAME OF RELATIVE /NAME: BLASI, CONSTANCE

MAIDEN NAME OF RELATIVE /MDN:

SEX (M OR F) /SEX: F

MARITAL STATUS (R) /STAT: M

RELATIONSHIP TO SUBJECT (R) /REL: WIFE

SUBRELATION TO SUBJECT /SREL:

VITAL STATISTICS ON RELATIVE *RELBIRTH* *ADD *RELBIRTH* *CHG *RELBIRTH*

RELBIRTH

VERIFICATION /VER:

CITY WHERE RELATIVE WAS BORN /CITY:

STATE (R) /ST: ZIP CODE /ZIP: DATE OF BIRTH /FYR: /FMO: /FDY: CITIZENSHIP (R) /CIT:

RELDEATH *ADD *RELDEATH* *CHG *RELDEATH*

RELDEATH

VERIFICATION /VER:

CITY WHERE RELATIVE DIED /CITY:

STATE (R) /ST: ZIP CODE /ZIP: DATE OF DEATH /TYR: /TMO: /TDY:

CAUSE OF DEATH /DEAD:

RELATIVE'S RESIDENCE/TELEPHONE (RELAD) *ADD *RELAD* *CHG *RELAD*

RELAD

VERIFICATION /VER:

DATES OF RESIDENCE /FYR: 50 /FMO: 00 /FDY: 00 /TYR: 00 /TMO: 00 /TDY: 00

APARTMENT, HOTEL OR PRISON NAME /EST:

STREET NUMBER /STNBR: 1138

STREET NAME /STNM: PARK AV

CITY OF RESIDENCE /CITY: RIVER FOREST

STATE (R) /ST: IL

ZIP CODE /ZIP:

APARTMENT OR ROOM NO. /APT:

TELEPHONE (1) /TEL1: 312 369 8231

TELEPHONE (2) /TEL2:

RELATIVE'S EMPLOYMENT *RELEMP* *ADD *RELEMP* *CHG *RELEMP*

RELEMP

VERIFICATION /VER:

NAME OF BUSINESS WHERE EMPLOYED /EST:

STREET NUMBER /STNBR:

STREET NAME /STNM:

CITY WHERE BUSINESS IS LOCATED /CITY:

STATE (R) /ST:

ZIP CODE /ZIP:

RELATIVE'S IDENTIFYING NUMBERS *RELID* *ADD *RELID* *CHG *RELID*

RELID

VERIFICATION /VER:

FBI NUMBER /FBI:

ORGANIZED CRIME & RACKETEERING NUMBER /OCR:

SOCIAL SECURITY NUMBER /SSN:

POLICE DEPARTMENT NUMBER /PD:

POLICE DEPARTMENT CITY /CITY:

STATE (R) /ST:

ZIP CODE /ZIP:

RELID *ADD *RELID* *CHG *RELID*

VERIFICATION /VER:

POLICE DEPARTMENT NUMBER /PD:

POLICE DEPARTMENT CITY /CITY:

STATE (R) /ST:

ZIP CODE /ZIP:

FORM CM-84 (Ed. 5-72)

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

VEHICLE (DESCRIPTION) *VEH1* *ADD*VEH1* *CHG *VEH1*

VEH 1

VERIFICATION /VER: O
TYPE OF VEHICLE (R) /VEH: CAR
MODEL YEAR /MODYR: 70
MAKE OF VEHICLE /MAKE: CADILLAC
MODEL OF VEHICLE /MODEL: SEDAN DE VILLE
VEHICLE COLOR (R) /COL: BLK
BODY STYLE OF VEHICLE (R) /BODY: SEDAN
SERIAL NUMBER OF VEHICLE /SERNBR:

VEHICLE (OWNERSHIP) *VEH2* *ADD *VEH2* *CHG *VEH2*

VEH 2

VERIFICATION /VER:
LICENSE VALIDITY DATES /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
NAME OF PERSON OR COMPANY OWNING VEHICLE /OWN: BLASIJ, DOMINIC
CITY WHERE OWNER RESIDES /CITY: CHICAGO
STATE (R) /ST: IL
ZIP CODE /ZIP: 60603
TITLE NUMBER /TTL:
LICENSE TAG NUMBER /REG: IL-WJ6911

VEH2 *ADD *VEH2* *CHG *VEH2*

VERIFICATION /VER:
NAME OF SECOND PERSON OR COMPANY OWNING VEHICLE /OWN:

VEHICLE (DESCRIPTION) *VEH1* *ADD*VEH1* *CHG *VEH1*

VEH 1

VERIFICATION /VER:
TYPE OF VEHICLE (R) /VEH:
MODEL YEAR /MODYR:
MAKE OF VEHICLE /MAKE:
MODEL OF VEHICLE /MODEL:
VEHICLE COLOR (R) /COL:
BODY STYLE OF VEHICLE (R) /BODY:
SERIAL NUMBER OF VEHICLE /SERNBR:

VEHICLE (OWNERSHIP) *VEH2* *ADD *VEH2* *CHG *VEH2*

VEH 2

VERIFICATION /VER:
LICENSE VALIDITY DATES /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
NAME OF PERSON OR COMPANY OWNING VEHICLE /OWN:
CITY WHERE OWNER RESIDES /CITY:
STATE (R) /ST:
ZIP CODE /ZIP:
TITLE NUMBER /TTL:
LICENSE TAG NUMBER /REG:

VEH2 *ADD *VEH2* *CHG *VEH2*

VERIFICATION /VER:
NAME OF SECOND PERSON OR COMPANY OWNING VEHICLE /OWN:

NON-RESIDENCE PHONE *PHONE* *ADD*PHONE* *CHG *PHONE*

PHONE

VERIFICATION /VER: O
DATE OR PERIOD OF USAGE /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:
PHONE NUMBER /NUMBER: 3/2345028 5
NAME OF SUBSCRIBER /EST: BENS BEEF STAND
STREET NUMBER /STNBR:
STREET NAME /STNM:
CITY WHERE SUBSCRIBER RESIDES (IS LOCATED) /CITY: MELROSE PARK
STATE(R) /ST: IL
ZIP CODE /ZIP:
REMARKS ABOUT USAGE LOCATION, PURPOSE, ETC. /REMARK:

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FORM CM-80 (Rev. 10-72)

Name: Dominic Blasi 92-1322

Name of Place Frequented: (Hangout) Ben's Beef

Type of Establishment: (see attached page) Restaurant

Verification: (see attached page) 1

Street Address, City, State, and Zip Code Where Establishment is Located: 5th Ave & North Ave Melrose Park, Ill.

Frequency: (see attached page) Daily

Average Length of stay: (in days) 1/2 day

Dates of Travel:

Name of Lodging:

Street Address, City, State, and Zip Code of Lodging:

Mode of Travel:

Name of Carrier:

Verification: (see attached page)

Palmer R

FORM CM-79

Name: Dominic Blase
Dates of Employment:
Name of Business Where Employed: Park Ave Realty

Address, City, State, and
Zip Code Where Employed: 1138 Park Ave, River Forest, Ill.

Verification:
(refer to attached pg. 1) D, O, I
Type of Business:
(refer to attached pg. 1) Real Estate

Job Title: Owner
Annual Income: 20,000 (approx)

Type of Financial Holding or.
Obligation: (refer to attached pg. 2) ~~Park Ave Realty~~ ~~Real Estate~~ Owner

Verification:
(refer to attached pg. 1) D, O, I

Name of Business: Park Ave Realty

Street Address, City, State, and Zip Code
Where Business or Real Estate is Located: above

Type of Business:
(refer to attached pg. 1) Real Estate

Number of Shares:
Percent(%) Control: 100 %
Face Value or Principal:
Annual Income:
(from financial holdings) 20,000

Type of Bank Account:
(refer to attached pg. 2)
Verification:
(refer to attached pg. 1)

Dates of Account:
Account Number:
Name of Bank:
Bank Branch Name:
Street Addre ss, City, State,
and Zip Code of Bank:

FORM CM-78

Raeme P

92-1322 Sub 1-7

SEARCHED ____ INDEXED ____
SERIALIZED ____ FILED ____
JUN 26 1973
FBI—CHICAGO

Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

HANGOUTS AND PLACES FREQUENTED

HANGOUT *ADD*HANGOUT* *CHG *HANGOUT*

HANGOUT

VERIFICATION /VER: I. TYPE OF ESTABLISHMENT (R) /TEST: RESTAURANT

NAME OF PLACE FREQUENTED (HANGOUT) /EST: BENS BEEF

STREET NUMBER /STNBR: STREET NAME /STNM: 5TH AV

CITY WHERE ESTABLISHMENT IS LOCATED /CITY: MELROSE PARK

STATE (R) /ST: IL ZIP CODE /ZIP: FREQUENCY (R) /FRE: DAILY AVERAGE LENGTH OF STAY (in days) /STAY:

HANGOUT *ADD*HANGOUT* *CHG *HANGOUT*

VERIFICATION /VER: TYPE OF ESTABLISHMENT (R) /TEST:

NAME OF PLACE FREQUENTED (HANGOUT) /EST:

STREET NUMBER /STNBR: STREET NAME /STNM:

CITY WHERE ESTABLISHMENT IS LOCATED /CITY:

STATE (R) /ST: ZIP CODE /ZIP: FREQUENCY (R) /FRE: AVERAGE LENGTH OF STAY (in days) /STAY:

HANGOUT *ADD*HANGOUT* *CHG *HANGOUT*

VERIFICATION /VER: TYPE OF ESTABLISHMENT (R) /TEST:

NAME OF PLACE FREQUENTED (HANGOUT) /EST:

STREET NUMBER /STNBR: STREET NAME /STNM:

CITY WHERE ESTABLISHMENT IS LOCATED /CITY:

STATE (R) /ST: ZIP CODE /ZIP: FREQUENCY (R) /FRE: AVERAGE LENGTH OF STAY (in days) /STAY:

HANGOUT *ADD*HANGOUT* *CHG *HANGOUT*

VERIFICATION /VER: TYPE OF ESTABLISHMENT (R) /TEST:

NAME OF PLACE FREQUENTED (HANGOUT) /EST:

STREET NUMBER /STNBR: STREET NAME /STNM:

CITY WHERE ESTABLISHMENT IS LOCATED /CITY:

STATE (R) /ST: ZIP CODE /ZIP: FREQUENCY (R) /FRE: AVERAGE LENGTH OF STAY (in days) /STAY:

TRAVEL

TRAVEL *ADD*TRAVEL* *CHG *TRAVEL*

VERIFICATION /VER: DATES OF TRAVEL /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:

NAME OF LODGING /EST:

STREET NUMBER /STNBR: STREET NAME /STNM:

CITY WHERE LODGING IS LOCATED /CITY:

STATE (R) /ST: ZIP CODE /ZIP: MODE OF TRAVEL (R) /MODE:

NAME OF CARRIER /CARNM:

TRAVEL *ADD*TRAVEL* *CHG *TRAVEL*

VERIFICATION /VER: DATES OF TRAVEL /FYR: /FMO: /FDY: /TYR: /TMO: /TDY:

NAME OF LODGING /EST:

STREET NUMBER /STNBR: STREET NAME /STNM:

CITY WHERE LODGING IS LOCATED /CITY:

STATE (R) /ST: ZIP CODE /ZIP: MODE OF TRAVEL (R) /MODE:

NAME OF CARRIER /CARNM:

FORM CM-79 (Ed. 5-72)

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

AGENT AND SUBJECT IDENTIFICATION *DATE*

DATE

NAME OF PERSON SUBMITTING INFORMATION
/SUB: ROEMER, WILLIAM F JR

DATE			AGENCY	FIELD OFFICE
/YR: 73	/MO: 06	/DY: 22	/AGN: FBI	/FLD: E

OFFICE PHONE NUMBER
/PHN: 312431 1333

NEW OR MOD

NEW *MOD*

VERIFICATION	SUBJECT'S IDENTIFIER
/VER:	/IDEN: 63E

NAME OF SUBJECT
/NAME: BLASI, DOMINIC JOSEPH

SEX (M or F)	MARITAL STATUS (R)	MAIDEN NAME OF SUBJECT
/SEX:	/STAT:	/MDN:

ALIASES

ALIAS

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
/AKA:

NICKNAMES

NKNM

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
/NICK:

INVESTIGATION *CINV* *ADD*CINV* *CHG *CINV*

CINV

DATE INVESTIGATION BEGAN			DATE INVESTIGATION CLOSED		
/FYR:	/FMO:	/FDY:	/TYR:	/TMO:	/TDY:

TYPE OF INVESTIGATION	AGENCY INVESTIGATING
/TINV: AR	/AGYI:

ADDITIONAL SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG *INFO*

INFO

NAME OF PERSON IN AGENCY TO CONTACT
/NAME:

TITLE OF ABOVE INDIVIDUAL
/TITLE:

DIVISION EMPLOYED BY
/DIV:

AGENCY NAME
/AG:

CITY WHERE AGENCY IS LOCATED
/CITY:

STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)
/ST:	/ZIP:	/LVL:

INFO *ADD*INFO* *CHG *INFO*

NAME OF PERSON IN AGENCY TO CONTACT
/NAME:

TITLE OF ABOVE INDIVIDUAL
/TITLE:

DIVISION EMPLOYED BY
/DIV:

AGENCY NAME
/AG:

CITY WHERE AGENCY IS LOCATED
/CITY:

STATE (R)	ZIP CODE	LEVEL OF GOVERNMENT (R)
/ST:	/ZIP:	/LVL:

FORM CM-75 (Ed. 5-72)

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Organized Crime & Racketeering Section
Criminal Division
United States Department of Justice

RACKETEER PROFILE

SUBJECT'S EMPLOYMENT (*EMP) *ADD*EMP* *CHG *EMP*

EMP

VERIFICATION	DATES OF EMPLOYMENT
/VER: O	/FYR: /FMO: /FDY: /TYR: /TMO: /TDY:

NAME OF BUSINESS WHERE EMPLOYED
/EST: PARK AVENUE REALTY

STREET NUMBER	STREET NAME
/STNBR: 1138	/STNM: PARK AV

CITY WHERE BUSINESS IS LOCATED
/CITY: RIVER FOREST

STATE (R)	ZIP CODE	TYPE OF BUSINESS (R)
/ST: IL	/ZIP:	/BUS: REAL ESTATE

JOB TITLE (DESCRIPTION OF WORK)	ANNUAL INCOME (IN THOUS.)
/JOB: OWNER	/SAL: 20

FINANCIAL HOLDING OR OBLIGATION (*FINAN) *ADD*FINAN* *CHG *FINAN*

FINAN

VERIFICATION	TYPE OF HOLDING OR OBLIGATION (R)
/VER: D	/TFIN: BUSINESS

NAME OF BUSINESS
/EST: PARK AVENUE REALTY

STREET NUMBER	STREET NAME
/STNBR: 1138	/STNM: PARK AV

CITY WHERE BUSINESS OR REAL ESTATE IS LOCATED
/CITY: RIVER FOREST

STATE (R)	ZIP CODE	TYPE OF BUSINESS (R)	% CONTROL
/ST: IL	/ZIP:	/BUS: REAL ESTATE	/CONT:

NUMBER OF SHARES (IN 100'S)	FACE VALUE OR PRINCIPAL (IN 100'S)	ANNUAL INCOME (IN 100'S)
/SHR:	/VALUE:	/INC: 200

FINAN *ADD*FINAN* *CHG *FINAN*

VERIFICATION	TYPE OF HOLDING OR OBLIGATION (R)
/VER:	/TFIN:

NAME OF BUSINESS
/EST:

STREET NUMBER	STREET NAME
/STNBR:	/STNM:

CITY WHERE BUSINESS OR REAL ESTATE IS LOCATED
/CITY:

STATE (R)	ZIP CODE	TYPE OF BUSINESS (R)	% CONTROL
/ST:	/ZIP:	/BUS:	/CONT:

NUMBER OF SHARES (IN 100'S)	FACE VALUE OR PRINCIPAL (IN 100'S)	ANNUAL INCOME (IN 100'S)
/SHR:	/VALUE:	/INC:

BANK ACCOUNT *BANK* *ADD*BANK* *CHG *BANK*

BANK

VERIFICATION	DATES OF ACCOUNT
/VER:	/FYR: /FMO: /FDY: /TYR: /TMO: /TDY:

TYPE OF ACCOUNT (R)	ACCOUNT NUMBER
/ACCT:	/ACCTNBR:

NAME OF BANK
/EST:

BANK BRANCH NAME
/BRNM:

STREET NUMBER	STREET NAME
/STNBR:	/STNM:

CITY WHERE BANK IS LOCATED
/CITY:

STATE (R)	ZIP CODE
/ST:	/ZIP:

BANK *ADD*BANK* *CHG *BANK*

VERIFICATION	DATES OF ACCOUNT
/VER:	/FYR: /FMO: /FDY: /TYR: /TMO: /TDY:

TYPE OF ACCOUNT (R)	ACCOUNT NUMBER
/ACCT:	/ACCTNBR:

NAME OF BANK
/EST:

BANK BRANCH NAME
/BRNM:

STREET NUMBER	STREET NAME
/STNBR:	/STNM:

CITY WHERE BANK IS LOCATED
/CITY:

STATE (R)	ZIP CODE
/ST:	/ZIP:

FORM CM-78 (Ed. 5-72)

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